GAB Please except the Following ARD!) Notanized May 28 2014 Gary Kauther Declaration of Candidacy 21 Three Peges Statement 715-817-3356 of Economic Interests 3) Fifty additional Signifures on 5 nomination Papers With corrected Header

Days of deadline for filing nomination papers.

2. The election Date did not ask for year

3. Title of office is senate did not ask for W.S. or State

4. the Dist 25 is noted in the appropriate Block

5. Line Reads: Senate Dist 25 state of Wisconsin before Recomment

Changes by GRB

2. Il circ. Lines were gotten by myself, not internet Groups Just

getting required signatures Like my opponents who actaulty sent me blank GAB 168 an 25king me to get them signatures, I spoke to each and every Person that signed for me an it was very clear what

office I was secting
7. I have enclosed Fifty additional signatures to Gab with there requested changes on nomination papers

8. I would have gotten another four hundred signatures but Just had shoulder replacement surgery, I have served my country decision will be made by gab. Just I trust that the right

Thank you fund

WISCONSIN GOVERNMENT ACCOUNTABILITY BOARD MICHAEL HAAS, ELECTIONS DIVISION ADMINISTRATOR 212 E WASHINGTON AVE PO BOX 7984 MADISON, WI 53703-2855 (608) 261-2028

Candidate ID #: 104529 GARY KAUTHER 8754 E MIDDLE RIVER RD POPLAR, WI 54864-9061

This is to acknowledge receipt for the nomination papers of

GARY KAUTHER

FOR THE OFFICE OF STATE SENATE - DISTRICT 25

August Partisan Primary - Governor to be held August 12th, 2014

Party Affiliation: Democratic

Nomination Papers filed May 21st, 2014

Declaration of Candidacy filed (May 21st, 2014) - not notarized, need new copy

Statement of Economic Interest filed (Not Filed) - Due June 5th

Number of Valid Signatures: (0)— irregularities in header (no year, no indication of State or US Senate). Recommend re-circulation with amended header. Short 38, even if accepted As-is.

This is number of valid signatures determined by the Government Accountability Board staff. This number is subject to challenge within 3 calendar days following the deadline for filing nomination papers.

Verified By

Date: May 21st, 2014

Nomination Paper Receipt No.: 2014 PART PRI-048

GAB-152 (Rev. 5/2010)

Declaration of Candidacy

FOR OFFICE USE	ONLY

	See i	nstructions for preparation	on on back)	
	My o	Is this an ame	ndment?	
1 - 4000 4100	Yes (If you have already filed	a DOC for this election)	No (if this is the first DOC you	u have filed for this election)
I,	Gary Kauther		, being o	duly sworn, state that
	Candidate's	name	o 1.4 25	
I am a canon	date for the office of	State Sehot Official name of office -	Include district, branch or seat n	umber
representing	Democrat	A		
	,		•	onpartisan office may leave blank.)
requirements		constitutions and laws of		sidency and voting qualification he State of Wisconsin, and that
	een convicted of a felony in		nited States for which I hav	e not been pardoned.1
My present	address, including my n	nunicipality of residenc		
8754	middle riverrd	Poplar Wis		ge of D Amnicon
House or fire no.	Street Name	Mailing Municipality and State	Zip code M	funicipality of Residence for Voting
My name as	l wish it to appear on th	e official ballot is as fo	ollows:	
	Dary Kauth	Cr		
(An	y combination of first name, middle	name or initials with surname. A	nickname/may replace a legal nat	mpl.)
CTATE OF ME	mmmater .		(Signature	e of candidate)
County of	(County of notarization)	ss.		
Subscribed a	and sworn to before the thi	s 25 day of <u>Ma</u>	7 ,2010	4 .
Ser	M Fac		<i>V</i>	NOTARY SEAL
0	(Signature of person author	zed to administer oaths)	and the	NOT REQUIRED
1	ion expires March 20	<u> 12016</u> 0	or □ is permanent.	MARY MINEL VANC
/2 Notary Pu	blic or	Official title, if not a notary)		GARY MIKEL KANE Notary Public
-	(1)	Jiiciai uue, ii nota notary;		State of Wisconsin

The information on this form is required by Wis. Stat. § 8.21, Art. XIII, Sec. 3, Wis. Const., and must be filed with the filing officer in order to have a candidate's name placed on the ballot. Wis. Stats. §§ 8.05 (1)(j), 8.10 (5), 8.15 (4)(b), 8.17 (2), 8.20 (6), 120.06 (6)(b).

GAB-162 | Rev. 2014-04 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 | 608-261-2028 | web: gab.wi.gov | email: gab@wi.gov

¹ A 1996 constitutional amendment bars any candidate convicted of a misdemeanor which violates the public trust from running for or holding a public office. However, the legislature has not defined which misdemeanors violate the public trust. A candidate convicted of any misdemeanor is not barred from running for or holding a public office until the legislature defines which misdemeanors apply.

Statement of Economic Interests Filed in 2014 for calendar year 2013 Name: KAUTHER
(last name, first name & initial) State position: (held or sought) FOR EXPLANATIONS, EXAMPLES AND EXCEPTIONS SEE THE INSTRUCTIONS OR VISIT OUR WEBSITE AT http://gab.wi.gov. Still have questions? For priority service send an e-mail to: GABEthics@wisconsin.gov; otherwise call (608) 261-2028. **Attach additional pages as needed/Please See Instructions.** As of December 31, 2013 Part A 1. INVESTMENTS. a) Funds Available in Wisconsin Deferred Compensation Program. These funds are available to participants in the Wisconsin Deferred Compensation program and many of them are also available for direct purchase, independent of that program. If you held an investment of \$5,000 or more in any of these funds - either directly or through the program - please check the appropriate box. "√" one \$5,000 to \$50,0000 \$5,000 to \$50,000 More \$5,000 to More More \$50,0000 than than than \$50,000 **Profile Series** Small Cap Bond BlackRock US Vanguard BlackRock Russell 2000 Debt Index Retirement 2055 Index - T Fund Fund W Vanguard Retirement 2045 Fund **DFA US Micro Cap** Federated US Vanguard Government Retirement 2035 Securities 2-5 Yr. Fund Vanguard Long-Mid Cap Vanguard Retirement 2025 BlackRock Mid Cap **Term Investment** Grade Adm Fund Equity Index - F Money Market Vanguard T. Rowe Price Mid Cap Retirement 2015 Growth Vanguard Admiral Treasury Money Fund Market Vanguard Target Large Cap Fixed Retirement Income **Calvert Social** Stable Value Fund Fund Investment Equity I International Fidelity Contrafund **FDIC Bank Option** American Funds EuroPacific R6 BlackRock EAFE Brokerage Vanguard Institutional **Index Fund Plus** Schwab SDB Equity Index - T Money Market Vanguard Wellington Schwab SDB Securities Fund - Admiral b) Other Investments. List stocks, bonds, limited partnerships, Wisconsin governmental securities, and mutual and money market funds in which you and your family's interest was valued at \$5,000 or more Amount - "√" one Type of security - "√" one Stock/ Bond Limited Wisconsin Mutual or \$5,000 to More than governmental \$50,000 \$50,000 money option/ partnership market Name of security futures security fund

	or Town	County	State		Describe nature of	มนอกเษร	
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b) Enterprise(s) NOT operating u		s or trade na	ıme, list l	nere.			
	Municipality	_	.		.		
Street address or fire number	or Town	County	State		Describe nature of	business	<u> </u>

service corporation (SC), limited liability which the filer or a member of the organizations, and lobbyists that paid the	e filer's immedi enterprise \$10,00 Check if the orga	ate family r 0 or more in o	eceived S alendar ye zed you to r	\$10,000 (ar 2013. epresent it i	or more in 201:	3, list be	usine
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BUSINESS PARTNERS. For each e	already registered v	with the Wisco	nsin Depa	tment of F	inancial Institution		
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2. BUSINESS ACTIVITIES. List businesses, farms, rental, commercial, and income-producing real estate; and business activities in which you or your family had at least a 10% or greater interest.

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Business or organization	***************************************			Oily	June
		***************************************			<u> </u>
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CREDITORS. List creditors to which	ch you or your family owe	d \$5 000 or more			
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	•			\$50,000	\$50,000
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Part B			Force	alendar ye	ar 2013
EMPLOYERS. List your and your f	family's EMPLOYERS (\$1	1,000 or more of in	come) in 2013.		
Name of employer					
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7. AGENT, REPRESENTATIVE OR SPOKESPERSON. List each organization that authorized you or a family member to

The information sought in this form is required by §§19.43 and 19.44, Wisconsin Statutes. Failure to file a completed form may result in a forfeiture of up to \$500. Statements of Economic Interests are open for public inspection. The Government Accountability Board will notify you of the identity of any person who examines your Statement. In accordance with §15.04(1)(m), Wisconsin Statutes, the Government Accountability Board states that no personally identifiable information is likely to be used for purposes other than those for which it is collected.

SUPPLEMENTAL
NOMINATION PAPER RECEIPT NO. COVERNMENT ACCOUNTABILITY BOARD
ELECTIONS DIVISION
P.O. BOX 2973
MADISON, WI 53701-2973
608-266-8005
Candidate ID No. Int534
Candidate Gaag Kautker

Telephone
Nomination papers received from:
Candidate Other Mail X

(If other, indicate name below)

Name
Agency Staff
Agency Staff

EB-151(Rev.6/08)

Ethics _

(For office use only)

WECF

(Date Filed)

(Date Filed)

Initials

Date

Gary Kauther Name of municipality for mailing purposes Poplar Title of office State Senate	State Zi	Street, fire, or rural route number; be name of street or road 8754e.middle river rd Zip code 54864 District or Jurisdiction District number 25 District number 25 District of (county)	Street, fire, or rural route number; box number (if rural route); and name of street or road 8754e.middle river rd Type of election 54864 Type of election general general special special Noveritot or Jurisdiction (county) Type of election date special sp	Name of Jurisdiction or district of State of Wisco	Name and type of municipality for voting purposes. Town of Amnicon City of Amnicon (name of municipality for voting) (name of municipality for voting) The Amnicon (name of municipality for voting) (name of party or Statement of Principle (5 words or less) The Amne of jurisdiction or district in which candidate seeks office State of Wisconsin The Amnicon (name of jurisdiction or district in which candidate seeks office	or less)
I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for limit for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.	ose name and addi the opportunity to on paper of any ot	ress are listed above, be place vote for ■ him or □ her for t her candidate for the same of	d on the ballot at the election des he office listed above. I am eligib fice at this election.	scribed above as le to vote in the j	a candidate representing the party urisdiction or district in which the c	or statement of andidate named
The municipality used for mailing purposes, when different than the municipality of residence, is not sufficient. Signatures of Electors Printed Name of Elector Street & Number or Rural address must also incl.	, when different than t Printed Name of Elector	than the municipality of ru Elector	d - 1	e name of the r ute - box or fire no.	he name of the municipality of residence must always be listed. Toute - Municipality of Residence Date of Signing box or fire no. Provide name of municipality	always be listed. Date of Signing
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2 Michael & News 15	SOMME	Bi	1014 Last Oak	R	OTOWN COMPLETE CONTROL OF CONTROL	5-24-2014
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		CERTIFICATI	CERTIFICATION OF CIRCULATOR		9	
, Gary Kauther		certify	certify: I reside at 8754 e.middle river rd. Poplar	river rd. Pop	lar	
name or circulated this nomination name or circulator)	erconally obtained	each of the cignatures on thi	(Circ	ulator's residence - In	(Circulator's residence - Include number, street, and municipality.)	
represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).	er with full knowle	dge of its content on the date nder Wis. Stat. § 12.13(3)(a).	indicated opposite his or her na	ne. I know their	respective residences given. I inter	nd to support this

GAB-166 | Rev. 2014-03 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 | 608-261-2028 | web: gab.wi.gov | email: gab@wi.gov

(Signature of circulator)

Page No. 46

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used.		Street, fire, or rural rout	Street, fire, or rural route number; box number (if rural route); and		Name and type of municipality for voting purposes.
Gary Kauther		name of street or road 87546 middle	river rd	Town of Utilage of	Uvillage of Amnicon
		07046.11110016	IIVEL I'U	CJ City of	(name of municipality for voting)
Name of municipality for mailing purposes	State	Zip code	Type of election Election	Election date ふのル	Name of Party or Statement of Principle (5 words or less)
Poplar	€	54864	general special	Nov 4	Democrat (
Title of office		District or Jurisdiction		Name of ju	Name of jurisdiction or district in which candidate seeks office
StateSenate		■ District number 25 ☐ Jurisdiction (county)		State	State of Wisconsin 25th 0.5
Name of municipality for mailing purposes State Zip code Type of election Type of election Type of election Nov 4 Democrat	State	2ip code 54864 District or Jurisdiction (county) District or Jurisdiction (county)	eneral pecial	> -	1 (name of municipality for voting) AO // Democrat Name of Jurisdiction or district in which candidate seeks office

principle indicated above, so that voters will have the opportunity to vote for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

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	10 Double March	" Red 15	Thouse Parker 7	Man Loc	A SOME +	5 Low Sparation	4 Da Ver	3 felisha Malithin Felisha Kaux Mer	Bobbie Senderen	1 Meagandander	Signatures of Electors	The municipality used for mailing purposes, when different than the municipality of residence, is not sufficient. The name of the municipality of residence must always be listed
CERTIFICATION	Durine Pisterson	make 16j	Joseph Color	Marchare	David J. Martin	famela J Martin	Travis Kawther	`	Bibrelandajen	Megandardulus Meganlandakan 3705	Printed Name of Elector	when different than the municipality of resi
CERTIFICATION OF CIRCULATOR	81475-C748 Ruman	The same of the sa	Ca) SG. Stinder Rd	MOUE CLARGE	8139 E. BerePark Rd	8139 E. Berg Ported	75315 Williams Laure	ms Lane	1.00	SCTA	Street & Number or Rural Route - Rural address must also include box or fire no.	dence, is not sufficient. The name of the m
	Detown How How y 4	Drown Hawtharnt Ovillage HAMILTHE	D Village Conv.	Driving County of the	Stown O village Ami COA	Selsown O Village Amnicon	Strown Hawthorne	DOWN HOW MOVING	o Town Styllage KS Plan	Drown HAR Har	Municipality of Residence Provide name of municipality	nunicipality of residence must
	5-23-14	54886°14	525839-14	5-239-14 Suky9-14	533-14	5-23-1	5-23-11	5-25-14	5/2/14	5/14/14	Date of Signing	always be listed.

1		Ω	7			_
(Date)	アージューノタ	andidate. I am aware that falsifying this c	epresent. I know that each person signed	personally circulated this nomination pap	(Name ·	, Gary Kauther
		candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).	I the paper with full knowledge of its content on	I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers	(Name of circulator)	
(Signature of circulator)	THE SOUTH		represent. I know that each person signed the paper with full knowledge of its content on the date indicated sposite his or her name. I know their respective residences given. I intend to support this	is on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to	(Circulator's residence - Include number, street, and municipality.)	certify: I reside at 8754 e.middle river rd. Poplar
rage No. 4			ntend to support this	lidate seeks to		•

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(Signature of circulator)

(Date)

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		NOMINATION PAPER FOR PARTISAN OFFICE	ER FOR PARTIS	AN OFFICE		
Candidate's name; no titles may be used.		Street, fire, or rural route number; box number (if rural route); and name of street or road	umber; box number (if ru	[Name and type of municipality for voting purposes.	
Gary Kauther		8754e.middle river rd	/er rd	U Village of	Amnicon	
Name of municipality for mailing purposes	State	Zip code	Type of election		Name of Party or Statement of Principle (5 words or less)	ords or less)
ropiai	2	04004	special	NOV 4	שוויטכומנ	
Skde Senate		District or Jurisdiction District number 25 District number (county)		Name of jurisi State (Name of jurisdiction or district in which candidate seeks office State of Wisconsin	# D,5+
, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ■ him or □ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate name have seek office. The product of the party	name and acopportunity	ddress are listed above, be place to vote for ■ him or □ her for th	d on the ballot at the ne office listed above		lection described above as a candidate representing the party or statement of I am eligible to vote in the jurisdiction or district in which the candidate named	ty or statement of e candidate named
The municipality used for mailing purposes, when different than the municipality of residence, is not sufficient. The name of the	hen differe	nt than the municipality of re	sidence, is not su	fficient. The name of the	ne municipality of residence must always be listed	st always be listed.
Signatures of Electors	Printed Name of Elector	of Elector	Street & Number or Rural Ro Rural address must also include	Street & Number or Rural Route - Rural address must also include box or fire no.		Date of Signing
1 Harthe &	16	The Chair	A della		Orivy ME	5/20/14
2 military "	ARW	ANOCASON	2747 ENEN	E. NENTHFIELD DUZU WANN	D village HA WIHOUNE	5/21/14
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		CERTIFICATION	CERTIFICATION OF CIRCULATOR	:		1 4
Gary Kauther		certify:	certify: I reside at 8754	8754 e.middle river rd. Poplar	oplar	Carrier to Advance of Community of Community of Community of Company of Community o
(Circ (Name of circulator) Personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers a	onally obtain	ned each of the signatures on this	paper. I know that		(Circulator's residence - Include number, street, and municipality.) ars appele ctors of the jurisdiction or district the candidate seeks to	date seeks to
represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her nationally and its content on the date indicated opposite his or her nationally and its content of the many specific properties. I am aware that faksifying this certification is punishable under Wis. Stat. § 12.13(3)(a).	with full knov is punishable	wledge of its content on the date under Wis. Stat. § 12.13(3)(a).	indicated opposite	his or her name. I know th	me. I know their respective residences given. I intend to support this	tend to support this
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(Signature of circulator)

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Page No. 49	P	N. C.	(Signature of circulator)	S) Williams	ı		5/24/14 (Date)
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Date of Signing	Municipality of Residence must Municipality of Residence Provide name of municipality	oute - box or fire no.	Street & Number or Rural Route - Rural address must also include box o	Street & Num Rural address n	of Elector	Printed Name of Elector	Signatures of Electors Printed Name of Elector Printed Name of Elector Rural address must also include box or fire no. Printed Name of Elector Rural address must also include box or fire no. Provide name of municipality of residence must always be listed. Date of Signing
v or statement of candidate named	candidate representing the party	cribed above as a e to vote in the ju	the election des ove. I am eligible on.	d on the ballot at the office listed ab ffice at this election	oddress are listed above, be place to vote for less him or less her for to vote for less him or less her for to vother candidate for the same of vother candidate for the same of	the opportunity	i, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.
),3 /	State of Wisconsin	State of V			District or Jurisdiction District number 25 Jurisdiction (county)		State Senate
as or less)	Democrat (/ (Nov 4 De	Nov	general special	54864	WI	Poplar
	Amnicon (name of municipality for voting)			ver rd	8754e.middle river rd	Change	Gary Kauther
	Name and type of municipality for voting purposes.	Name and type of mu	if rural route); and	number; box number (Street, fire, or rural route number; box number (if rural route); and		Candidate's name; no titles may be used.
			ISAN OFFICE	PER FOR PART	NOMINATION PAPER FOR PARTISAN OFFIC		

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(Date)

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	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes.
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Poplar	54864 Seneral NOV	ا من الما (Name of Party) 4 Demo
Skelle Senate	District or Jurisdiction District number 25 Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office State of Wisconsin 1 + 2 5
), the undersigned, request that the candidate, whe principle indicated above, so that voters will have	l, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election describe indicated above, so that voters will have the connection to the listed above, be placed on the ballot at the election described indicated above, so that voters will have the connection to the listed above, be placed on the ballot at the election described indicated above.	described above as a candidate representing the party or statement of
above seeks officer I have not signed the nominati		e to vote in the jurisdiction or district in which the candidate named
Signatures of Electors	Signatures of Electors Printed Name of Elector	The name of the municipality of residence must always be listed.
	Street & Number or Rural Rural address must also inclu	Ite - Municipality of Residence Date of Signing Ox or fire no. Provide name of municipality
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personally circulated this nomination paper and perepresent. I know that each person signed the pape	is paper. I know that the signe	electors of the jurisdiction or district the candidate seeks to
candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).	on is punishable under Wis. Stat. § 12.13(3)(a).	intend to support this

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(Signature of circulator)

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(Date)